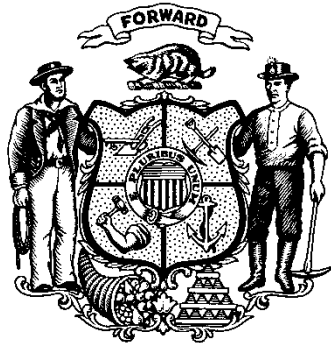


# **GRANT REQUEST FOR PROPOSAL**

**STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**



**RFPG # 1746 DMHSAS-JH**

## **Consumer/Peer Support and Statewide/Community Leadership Development**

**PROPOSALS MUST BE RECEIVED BY 4:30 PM CT 11/30/12**

**LATE PROPOSALS WILL BE REJECTED  
FAXED PROPOSALS WILL NOT BE ACCEPTED  
THE STATE RESERVES RIGHT TO REJECT ANY AND ALL PROPOSALS**

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### 1. GENERAL INFORMATION

#### 1.1 INTRODUCTION AND BACKGROUND

This document is designed to provide interested parties with information to enable them to prepare and submit a grant proposal to the Division of Mental Health and Substance Abuse Services (DMHSAS) for the provision of services to develop, sustain and enhance adult mental health consumer peer support and local and statewide leadership in the State of Wisconsin. Proposals must be submitted by qualified applicants which are defined as:

Public or non-profit organizations that are community based and consumer directed with a board representation of at least fifty-one percent consumers with mental health disorders. Such agencies or organizations should have experience with coordinating or providing peer support and individual and system advocacy, and have capacity for provision of services statewide. DMHSAS intends to use the results of this process to award a grant to support the establishment, enrichment, and coordination of consumer/peer support and statewide/community leadership development.

Wisconsin identifies in the 2012 Mental Health Block Grant application Self-Direction and Recovery as Priority Area Number One: “Increase the capacity of consumers and families to self-direct care and treatment with a focus on recovery and support from peers.” The State of Wisconsin has a dedication to increasing consumer involvement and meaningful participation in the mental health system. The Bureau of Prevention Treatment and Recovery (BPTR), in DMHSAS within the Department of Health Services (DHS), prioritizes and actively works to engage consumer involvement in meaningful participation in policy planning, development and implementation at the state and local level.

Wisconsin has a strong history of commitment to expanding meaningful consumer participation in the mental health system, which values consumer involvement as centrally and fundamentally important. One of the goals resulting from the Blue Ribbon Commission in 1997 is to “involve consumers, families and communities as equal stakeholders in all aspects of service system governance, planning, and delivery.” Born of this commission, the statewide Recovery Implementation Task Force (RITF), comprised primarily of consumers, advises BPTR on policy-making and issues affecting citizens with mental health and substance use disorders with the mission to “transform Wisconsin’s mental health and substance abuse services to embody recovery, hope, dignity and empowerment throughout the lifespan, in partnership with DHS, DMHSAS, and the BPTR.” Five seats for consumer representatives exist on the Wisconsin Council on Mental Health - the statutorily mandated body advising DHS, the legislature, and the governor on the provision and administration of mental health programs.

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Wisconsin has made major progress in the transformation of the mental health service system to one that is based on supporting each individual's path to recovery and wellness. New programs and initiatives have been developed that emphasize person centered, consumer driven and consumer empowerment practices. Many counties and other service providers in Wisconsin have also demonstrated a commitment to the inclusion of consumers as members of Boards of Directors, Committees, and Quality Assurance Teams. The opportunity exists for many local providers to support consumers by collaborating with peer-run drop-in and recovery centers in their regions as well as by creating opportunities for consumers to attend conferences and other educational opportunities in conjunction with traditional staff.

Wisconsin is dedicated to increasing recovery options for consumers and their families at the local level. DMHSAS has developed a network of twelve consumer operated recovery centers across Wisconsin. By offering peer support to individuals within the local community, these centers can have an impact on increased meaningful participation of consumers in society. Centers are consumer-run, independent, not-for-profit entities with Boards of Directors that are comprised of at least fifty-one percent consumers with mental health disorders. The twelve unique consumer operated recovery centers work with their members on such things as ways to increase independence, employment options, peer based support groups / services and educational opportunities. In addition, BPTR has annually funded consumer leadership development and consumer education and network building.

The State recognizes that peer support is an effective and efficient evidenced based practice (EBP) to provide consumer and recovery focused services within the current public mental health system. In 2012, BPTR received feedback from consumers at Grassroots Empowerment Project, Empowerment Days regarding consumer operated recovery centers that stated that currently, centers were not adequately or equally funded which has impacted peer support services and created inconsistencies among centers. The feedback also emphasized the importance of stakeholder input with regard to future initiatives for consumer operated recovery centers and peer supports. It was evident, in moving forward with supporting, expanding and/or redesigning peer support, BPTR needed to collaborate with peers to determine how, collectively, statewide peer support could be provided and sustained in a meaningful way for the largest number of individuals in their recovery. To accomplish that, BPTR needed to analyze how peer support was currently operationalized in Wisconsin, recognizing that there are many different stakeholders and partners with regard to the provision of peer support, such as consumers, counties, family members, advocates and others.

In May 2012, BPTR sent a survey out statewide to a wide variety of consumer and stakeholder groups to begin to gather data on existing peer support services and needs in communities

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throughout Wisconsin. Social peer support and peer-run drop-in centers were identified as the most-needed peer supports within the community. Sixty percent of respondents ranked peer-run drop-in centers as the most important peer support option. Both location-based peer support and non-location-based peer supports were utilized by over fifty percent of survey respondents within the past six months.

In June of 2012, BPTR hosted a Peer Support Stakeholder Meeting, gathering peers from statewide and encompassing consumer operated recovery centers and non-location based peer support services, as well as stakeholders from both the mental health and substance use disorder systems. The goal of the meeting was to examine and identify the current state of peer support, the ideal future state of peer support, creating a vision statement of peer support and identifying barriers, resources and opportunities in the provision of peer support. Through these meeting and subsequent teleconference discussions, several themes emerged.

- Peer support is welcomed, encouraged and essential to personal recovery.
- Peer support can be meaningful in a variety of settings and done in a variety of ways.
- Recovery is the expectation and framework when providing peer support.
- Relationships and connections are essential when providing peer support and while relationships with peers is important, collaboration with the other stakeholders and the community at large is essential to the provision of peer support and recovery.
- There is an overwhelming need to have a connectedness to each other and the community.
- There is a need for centralized locations to provide information and support and a statewide warmline.
- There is a need for education that is peer-to-peer and meaningful.
- Peer support should be person centered and there should be shared power and transparency.
- Peer support needs to be flexible and utilize social media to reach additional peers and provide support that will transcend the barriers of transportation and geography.

The proposed projects within this Request for Proposal will assist BPTR in incorporating those themes while redesigning how the Bureau supports the provision of peer support throughout the state. The Bureau will continue to support consumer operated recovery centers while improving the consistency of the peer support programming, increasing transparency and shared power and increasing their ability to collaborate with each other. In addition, the Bureau will be developing the provision of statewide peer support, collaboration, education, and leadership development in a regional approach that will be focused on creating relationships, connections to and meaningful participation in the community as a whole and sources for centralized locations for information and support. The projects will also facilitate consumers to become empowered and effectively engage in policy planning, development,

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and implementation of systems transformation at both the local, regional and state level. In addition, the projects will focus on the use of technology and collaboration to develop a vibrant consumer network that will support consumers to embrace peer support and form connections that will promote recovery in all aspects of their lives.

### **1.2 SCOPE OF THE PROJECT**

In order to achieve consumer empowerment, hope and recovery, the Division continues to move to a further stage of development in fostering meaningful consumer participation in the mental health service system in Wisconsin. Consumers throughout Wisconsin have diverse needs and expectations regarding peer support. Many consumers have participated in and appreciated the location based peer support of the consumer operated recovery centers. Other consumers prefer peer support that is not location based and happens directly in the community or through social media. Still others use peer support in the capacity of leadership and policy planning, development and system transformation. Suffice it to say, consumers have given feedback that peer support needs to be an option to assist in recovery and it needs to be as varied as consumers themselves are. Peer support is also the responsibility of a broad range of stakeholders from consumers, family members, counties, mental health providers, mental health advocates and the Bureau.

The purpose of this RFP is to solicit proposals from qualified applicants to assist BPTR to address the program and policy needs to strengthen and expand peer support and meaningful consumer participation throughout the state. The scope of the Consumer/Peer Support and Statewide/Community Leadership Development Project is multifold and will encompass the following focus areas:

- 1) DMHSAS-funded Consumer Operated Recovery Centers (CORC)
- 2) Collaboration between CORCs and other local stakeholder
- 3) Consumer leadership training and meaningful consumer participation in mental health and substance use disorder systems transformation
- 4) Expansion of statewide consumer peer network

In previous RFPs for consumer/peer support and peer leadership, DMHSAS has granted to Proposers which act as the fiscal agent and sub-grant with each of the 12 consumer operated recovery centers for their annual operating funding and provide fiscal management and technical assistance. At this time, BPTR is not including that component in this RFP. Instead, to increase transparency and shared power with the CORCs, the Division will directly grant with the current 12 CORCs. The annual funding for all CORC sites will be \$25,000. However, this proposal will have a strong component that focuses on the improvement of CORC programming and relationship and leadership development.

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Therefore, the RFP seeks to accomplish four primary goals:

- 1) To strengthen and improve peer support programming in the twelve DMHSAS funded CORCs by creating consistent program outcome benchmarks and outcome measures and a peer review analysis system.
- 2) To expand collaboration between CORCs and mental health and substance use disorder service systems and other local stakeholders.
- 3) To empower consumers in recovery and to develop and enhance meaningful participation in systems' transformation efforts at local, regional and state levels.
- 4) To build and expand a vibrant statewide consumer peer network through access to information, communication, and active peer engagement via an array of media options.

### 1.3 DEFINITIONS

Throughout the RFP, the following terms are defined as:

**Consumer:** an individual who has lived experienced with a mental health disorder

**Consumer Operated Recovery Center (CORC):** a peer-run program that is owned, administratively controlled, and operated by mental health consumers and emphasizes self-help as its operational approach

**Department / DHS:** the Wisconsin Department of Health Services.

**Division / DMHSAS:** the Division of Mental Health and Substance Abuse Services that administers mental health and substance abuse policy in Wisconsin.

**DOA:** the Wisconsin Department of Administration.

**HIPAA:** the Health Insurance Portability and Accountability Act of 1996.

**Local:** existing or occurring at the county level or a more narrowly defined community area within the state of Wisconsin

**Meaningful Consumer Participation:** the involvement of individuals with lived experience with mental health disorders as equal stakeholders in all aspects of mental health service system governance, planning and delivery

**MBE:** is defined as Minority Business Enterprise.

**Peer Support:** a mutually supportive relationship based on two or more people's shared experiences

**Proposer:** an entity responding to this RFP.

**RFP:** is defined as Request for Proposal.

**Regional:** existing or occurring within a multi-county area in the state of Wisconsin

**State:** the State of Wisconsin.



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**Statewide**: existing or occurring throughout the state of Wisconsin

**Sub-grant**: A written agreement between the recipient and a sub-recipient to provide services.

**Sub-recipient**: A third party who enters into an agreement with the awarded recipient for the provision of services, which the Department has granted with the recipient to perform.

### 1.4 GRANTING AGENCY

The Department of Health Services, Division of Mental Health and Substance Abuse Services issued this RFP. DMHSAS will administer any agreement resulting from this RFP. The Grant Administrator will be:

**Faith Boersma**

**Consumer Affairs Coordinator**

Department of Health Services

Division of Mental Health and Substance Abuse Services

1 W. Wilson Street

Room 951

Madison, WI 53703

(608) 261-6746

[Faith.Boersma@wisconsin.gov](mailto:Faith.Boersma@wisconsin.gov)

### 1.5 CLARIFICATION AND/OR REVISIONS TO THE GRANT REQUIREMENTS

Any questions concerning this RFP must be submitted to: Faith Boersma, Consumer Affairs Coordinator for DMHSAS at [Faith.Boersma@wisconsin.gov](mailto:Faith.Boersma@wisconsin.gov)

Written questions must be submitted before 4:00 PM CT on Wednesday, 11/12//2012. Questions should be submitted via email with the following subject line:

Subject: Question RFP Consumer/Peer Support and Statewide/Community Leadership Development RFP # 1746 DMHSAS-JF

Proposer Name

Telephone questions will not be accepted. Any oral responses, information, dates, and/or technical assistance received by a prospective Proposer from the Department or Department staff shall not, in any manner whatsoever whether before or after the release of this RFP, be binding on the State of Wisconsin, unless followed-up and explicitly confirmed and stated in writing by the State.

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Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer should immediately notify the Grant Manager of such error and request modification or clarification of the RFP.

Each proposal shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof.

***Contact with State employees and/or a member of the review committee concerning this RFP is prohibited except as authorized by the Grant Administrator during the period from date of release of the RFP until the notice of intent to award is released.***

### 1.6 RETENTION OF RIGHTS

The State of Wisconsin retains the right to accept or reject any or all proposals if it is deemed to be in the best interest of the State of Wisconsin.

If mutually agreed to by the recipient and the State, the results of this solicitation may be used by other Wisconsin agencies or other states.

All proposals become the property of DHS upon receipt.

### 1.7 REASONABLE ACCOMMODATIONS

DHS will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you think you need accommodations at any time during the RFP process, contact **Faith Boersma, Consumer Affairs Coordinator**, at 608-261-6746 or [Faith.Boersma@wisconsin.gov](mailto:Faith.Boersma@wisconsin.gov)

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### 1.8 CALENDAR OF EVENTS ("THE CALENDAR")

The table below lists specific and estimated dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the State. In the event that the State finds it necessary to change any of the specific dates and times in the calendar of events listed below, There may or may not be a formal notification issued for changes in the estimated dates and times.

Date	Event
October 31, 2012	Date of issue of the RFP (Posted to DHS Website)
November 12, 2012; - 4:00 p.m. CT	Written Inquiries Due: deadline for submitting written inquires, questions, and requests for clarification
November 19, 2012 (Estimated)	All Questions and Answers Posted to DHS Website
November 30, 2012; 4:30 p.m. CT	Proposals Due: late proposals will not be accepted
December 15, 2012 (Estimated)	Notification of intent to award
January 1, 2013 (Estimated)	Commencement of Grant

### 1.9 GRANT TERM AND AVAILABLE FUNDING

The grant agreement shall be effective on the date indicated in the agreement and shall run for one year from that date with an option by mutual agreement of the Department and recipient, to renew for two additional one year periods. The total amount of funds available through this RFP is **\$209,876.00**, which is allocated \$184,876.00 for the RFP activities and \$25,000 specifically for the Consumer Participation Fund, for each approved grant year. Renewal of the grant for years two and three will be based upon the Proposer's satisfactory performance and the availability of funds. Different from previous RFPs for Consumer/Peer Support and Leadership, this RFP does not contain funds for or require the Proposer to be the fiscal agent and sub-grant with the 12 Consumer Operated Recovery Centers. The Division will be granting to the 12 Centers directly. Proposers are advised that should additional state or federal funds become available, the Division may utilize the results of this RFP for additional awards.

## 2 PREPARING AND SUBMITTING PROPOSALS

### 2.1 GENERAL INSTRUCTIONS

The selection of a grant recipient is based on the information submitted in the recipient's Proposal. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a Proposal.

Elaborate Proposals (e.g., expensive artwork), beyond what is sufficient to present a complete and effective Proposal, are not necessary or desired.

The State of Wisconsin is not liable for any cost incurred by Proposers in replying to this RFP.

Proposers must submit Proposals in strict accordance with the requirements set forth in this section. All materials must be submitted to:

**Faith Boersma**

**Consumer Affairs Coordinator**

Department of Health Services

Division of Mental Health and Substance Abuse Services

1 W. Wilson Street, Room **951**

Madison, WI 53703

(608) **261-6746**

All materials must be received in the prescribed formats by **Friday, 4:30 PM CT, 11/30/2012.**

### 2.2 SUBMITTING THE PROPOSAL

Proposals must be received in the above office by the specified date and time. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal. No Proposals are allowed to be submitted by fax or email. All such Proposals will be rejected.

There are two components needed for complete submission of the Proposals: Paper (Hard Copies) and Electronic. Both components are due to the address above by the stated date and time. The following submission requirements must be followed for each of the components:

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### Paper (Hard Copy) Proposal Component

This component must contain the original and **five** paper copies of the entire Technical Proposal (see Section 2.3 Proposal Organization and Format) including any proprietary information – use the Designation of Confidential and Proprietary Information Form [DOA – 3027](#).

### Electronic Proposal Component

In addition to the paper documents described above, the entire Proposal must be submitted in non-password protected Portable Document Format (.pdf), (except for the proposed budget, which must be submitted using the required Microsoft Excel template) on a reproducible CD(s) labeled as follows:

### **RFP Consumer/Peer Support and Statewide/Community Leadership Development**

*Name and Address of Proposer*

**RFPG # 1746 DMHSAS-JF**

Disc X of Y

## 2.3 PROPOSAL ORGANIZATION AND FORMAT

Technical proposals must be organized into clearly delineated sections, as shown below. Each heading and subheading should be separated by tabs or otherwise clearly marked.

- 1) Cover Sheet
  - a. Table of Contents
  - b. Designation of Confidential and Proprietary Information Form [DOA – 3027](#) (if applicable)
  - c. Applicant/Vendor Information Form [DOA – 3477](#)
- 2) Goals, Objectives and Performance Expectations – Section 6.1
- 3) Program Design and Methodology – Section 6.2
- 4) Work Plan – Section 6.3
- 5) Organizational Experience and Capacity – Section 6.4
- 6) Reporting, Performance Measurement & Quality Improvement – Section 6.5
- 7) Budget – Section 7.0
- 8) Appendix – Letters of Support, Letters of Commitment, Memorandums of Understanding, Agreements, etc.

**All materials must be received in the prescribed formats by Friday, 4:30 PM CT, 11/30/2012**

#### **2.4 MULTIPLE PROPOSALS**

Submission of multiple Proposals from Proposers is not permissible.

#### **2.5 WITHDRAWAL OF PROPOSALS**

Proposals shall be irrevocable until grant award unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal closing date and time or upon expiration of five business days after the due date and time if received by Faith Boersma. The written request must be signed by an authorized representative of the Proposer and submitted to Faith Boersma at the address listed in Section 2.1 General Information. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another Proposal at any time up to the Proposal closing date and time.

### 3 PROPOSAL SELECTION AND AWARD PROCESS

#### 3.1 PRELIMINARY EVALUATION

The purpose of the preliminary evaluation is to determine if each Proposal is sufficiently responsive to the RFP to permit a complete evaluation. Proposals must comply with the instructions to Proposers contained in this RFP. Failure to comply with the instructions may cause the Proposal to be rejected without further consideration. The state reserves the right to waive any minor irregularities in the Proposal.

#### 3.2 PROPOSAL SCORING

Proposals accepted through the preliminary evaluation process are reviewed by an evaluation committee and scored against chosen criteria. A Proposer may not contact any member of an evaluation committee except with the Grant Administrator's written approval.

#### 3.3 EVALUATION CRITERIA

The proposal evaluation committee will review all proposals against stated criteria. Proposals from eligible applicants (see Section 1.1) will be scored according to the following competitive criterion:

##### Maximum Points (100 Total)

Proposal Section	Points	%
Goals, Objectives and Performance Expectations	15 points	15
Program Design and Methodology	25 points	25
Work Plan	20 points	20
Organizational Experience and Capacity	20 points	20
Reporting, Performance Measurement and Quality Improvement	10 points	10
Budget	10 points	10
<b>TOTAL</b>	<b>100 points</b>	<b>100</b>

#### 3.4 RIGHT TO REJECT PROPOSALS AND NEGOTIATE GRANT TERMS

The State reserves the right to reject any and all Proposals. The State may negotiate the terms of the grant, including the award amount, with the selected Proposers prior to entering into an agreement. If grant negotiations cannot be concluded successfully with the recommended Proposer or upon unfavorable review of the Proposer's references, the Department may terminate grant negotiations.

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The Grant Manager or designee will review each RFP Response Package and Statement of Proposer Qualifications to verify the Proposer meets the requirements specified in this RFP based on a pass or fail protocol. This determination is the sole responsibility of the Department.

### 3.5 NOTIFICATION OF INTENT TO AWARD

All Proposers who respond to this RFP will be notified via email of the State's intent to pursue grant negotiations as a result of this RFP.

After notification of the intent is made and under the supervision of agency staff, copies of Proposals will be available for public inspection from 8:00 a.m. to 4:00 p.m. at One West Wilson Street, Room 951, Madison, Wisconsin. Applicants should schedule reviews with **Faith Boersma** or Designee, at (608) **261-6746**.

### 3.6 LETTERS OF SUPPORT

Proposers are encouraged to submit letters of support. Letters may originate from stakeholder organizations, businesses, educational institutions, and/or other health and human service provider agencies. Letters of support should address the potential for success in providing mental health and substance abuse programming in a shared services delivery system. The evaluation committee will consider letters of support in review of the proposals.



#### 4 APPLICANT REQUIREMENTS

To be eligible for further evaluation consideration Proposers must certify their ability to meet all *APPLICANT REQUIREMENTS* as specified. Additional requirements may apply upon grant execution specific to the services provided.

- 1) Public and/or non-profit agency or organization
- 2) Community based and consumer directed agency with a board representation of at least fifty-one percent consumers with mental health disorders.
- 3) Agency with the ability to provide coordinated services throughout the state of Wisconsin.
- 4) Patient's/Client's Rights Policy
- 5) Each Proposer shall have a written policy stating that the service will comply with client's rights requirements as specified in DHS 94, Wisconsin Administrative Code.

## 5 PROPOSER INFORMATION SECTION

Section 5.0 contains information for Proposers regarding the responsibilities, deliverables and outcomes the recipient is responsible for providing as part of this project.

The following information includes the minimum project requirements and responsibilities. If no Proposers are able to comply with any given requirement, condition of proposal or provide a specific item, the state reserves the right to delete that requirement, condition of proposal or item.

### 5.1 GOALS, OBJECTIVES AND PERFORMANCE EXPECTATIONS

The Proposer should have clear, achievable goals and objectives for this project. The Proposer's goals and objectives should be consistent with DMHSAS' goals for this grant stated in Section 1.2. These goals and objectives are as follows:

#### 5.1.1 GOAL #1)

To strengthen and improve peer support programming in the twelve DMHSAS funded CORCs by creating consistent program outcome benchmarks and outcome measures and a peer review analysis system.

- Objective: Collaboratively develop mutually agreed upon programming outcome benchmarks and outcome measures with the CORCs and BPTR for the CORCs to use to structure peer support programming.
- Objective: Develop the infrastructure, process and procedures for a peer review analysis of the CORCs, to be done by the CORCs, using the benchmarks and outcome measures created in the above objective as the basis for the annual analysis.

#### 5.1.2 GOAL #2)

To expand collaboration between CORCs and mental health and substance use disorder service systems and other local stakeholders.

- Objective: Identify potential partners, create avenues and facilitate CORCs' collaboration with local/regional systems for mental health and/or substance use disorder services being provided within their communities.
- Objective: Identify potential partners, create avenues and facilitate CORCs' collaboration with other support organizations for mental health and/or substance use disorder services being provided within their communities.

#### 5.1.3 GOAL #3)

To empower consumers in recovery and develop and to enhance meaningful participation in systems' transformation efforts at local, regional and state levels.

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- Objective: Develop the infrastructure for and provide a Statewide Consumer Leadership Training Program.
- Objective: Create and facilitate avenues for consumers, who have attended the Statewide Consumer Leadership Training Program, to utilize new leadership skills.
- Objective: Facilitate regular regionally based meetings that include training program graduates and local stakeholders to discuss local and regional needs and opportunities for consumer involvement and collaboration within the mental health and substance use disorder service systems.
- Objective: Facilitate a Statewide Annual Collaboration Meeting that includes training program graduates and regional stakeholders to discuss statewide needs and opportunities for consumer involvement and collaboration within the mental health and substance use disorder service systems.
- Objective: Support consumer to engage in meaningful participation and policy planning, development and implementation on the state level by reimbursing consumers and family members for their expenses incurred while participating in DMHSAS sponsored state-level work groups, committees, Recovery Implementation Task Force (RITF) and Committees, Wisconsin Council on Mental Health (WCMH) and committees, and other activities needing consumer review and participation.

---

### 5.1.4 GOAL #4)

To build and expand a vibrant statewide consumer peer network through access to information, communication, and active peer engagement via an array of media options.

- Objective: Create, host and maintain a statewide consumer peer network website that contains an updated directory of the CORCs; a calendar of events; and news relevant to the consumer community including peer support opportunities, collaboration opportunities and meaningful consumer participation opportunities.
- Objective: Create and maintain a statewide consumer peer network Facebook page to post information and to initiate and moderate discussions regarding peer support opportunities, collaboration opportunities and meaningful consumer participation opportunities.
- Objective: Communicate with the statewide consumer peer network via other current media avenues, including but not limited to a Twitter account that disseminates information to followers regarding peer support opportunities, collaboration opportunities and meaningful consumer participation opportunities.
- Objective: Create and maintain a statewide e-mail database of consumers and allies, and utilize this database for the dissemination of information regarding peer support opportunities, collaboration opportunities and meaningful consumer participation opportunities.

### 5.2 PROGRAM DESIGN AND METHODOLOGY

DMHSAS is soliciting a Proposal that demonstrates a high quality, innovative and cost effective approach for the provision of consumer/peer support and statewide/community leadership development services.

#### 5.2.1 CONSUMER OPERATED RECOVERY CENTERS (CORCs)

##### 5.2.1.1 Strengthening and Improving the Peer Support Programming and Organization Of The Consumer Operated Recovery Centers (CORCs)

Consumer Operated Recovery Centers (CORCs) are an important component of the provision of peer support to consumers with mental health disorders. While DMHSAS will be granting with the CORCs directly, there is still a need to strengthen the programming and organizational components of the CORCs. DMHSAS envisions the Proposer of this RFP will work with both the BPTR Consumer Affairs Liaison and the CORCs in this multi-step and perhaps multi-year project. DMHSAS also anticipates that CORCs themselves will be an integral part of the process of assessing current CORC programming, development of CORC programming outcome benchmarks and outcome measures, and analysis of each of the CORCs according to benchmarks and outcome measures. The facilitation of the participation of the CORCs should be done in three ways: individually, through the development of a peer site review system, and on a regional collaborative basis. Proposer should also be prepared to work collaboratively with the BPTR Consumer Affairs Liaison to assure that benchmarks and measures are mutually agreeable to both CORCs and BPTR.

Proposers are expected to look at the CORCs collectively throughout the state and divide the state into three to four regions encompassing the current CORCs and having no less than three CORCs in a region. These CORC regions will be the basis of gathering and working with the CORCs collectively in this multi-step process. The Proposer will employ Regional Peer Coordinators (RPC) who will meet with and assist the CORCs in obtaining programming goals. Each region must have a Regional Peer Coordinator that is assigned to that region. The Regional Peer Coordinator is expected to facilitate regional workgroup meetings with the indicated CORCs at least quarterly and more frequently as needed to achieve the goal and outcome measures. These meetings will be utilized to work on the development of consistent programming benchmarks and outcomes and the development of a peer site review system. In addition, these meetings will serve as a venue for CORCs to meet and learn from each other and develop a network that will enhance their ability to engage with each other on topics of interest and local advocacy. Furthermore, it is expected that the Regional Peer Coordinators will meet individually with each CORC as needed for Technical Assistance (TA) and training with regard to strengthening current programming to meet the agreed upon benchmarks and outcomes, infrastructure, process and procedures.

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The Proposer will first work with CORCs, regionally and statewide, to facilitate the development of criteria for providing consistent, quality peer support recovery programming. This process will be driven by the leadership of the CORCs and facilitated by the Regional Peer Coordinators in collaboration with the Bureau.

Secondly, the Proposer will develop the infrastructure, process and procedures for a peer review system that will analyze the peer support that is currently being offered by each of the CORCs to establish a baseline. A Review Report will be written by the review team and submitted by the CORC to the BPTR Grant Administrator with a work plan to address any issues or deficits. It is important that this review system be peer based. The Regional Peer Coordinator will facilitate the review and may participate in the process but the evaluation should be done by CORCs, using the benchmarks and outcome measures created in the above objective as the basis for the annual analysis. DMHSAS envisions that the CORCs will provide peer site reviews on an annual basis to each other to promote the strengthening of programming and as peer support to each other as all CORCs strive to provide quality programming. It is also anticipated that, while there will be the development of criteria for programming, it will not impede the CORCs from delivering unique and locally diverse programming.

The CORC Regions designed for the purposes of attaining this goal will also be important for other aspects of this RFP and the Regional Peer Coordinators may fulfill some of those duties, as well. There may be overlap in regional meeting activities that may meet several goals of this RFP.

### 5.2.1.2 Collaboration between Consumer Operated Recovery Centers (CORCs) and Other Local Stakeholders

The proposed goals within this RFP will assist Wisconsin to continue to strengthen the current collaborative recovery-oriented system by providing supports, mentoring and avenues for meaningful consumer participation thereby building collaborative relationships between consumers and their communities locally, regionally and throughout the state. These goals will facilitate the process for consumers to be empowered and to effectively engage in collaboration between CORCs, the mental health and substance use disorder system that serves them and other local stakeholders.

DMHSAS anticipates that CORCs and their local communities and stakeholders could benefit from developing a more active collaborative role related to mental health and substance use disorder systems. As CORCs work on strengthening the programming they provide, it may become evident that CORCs have the desire or ability to coordinate and work directly with

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systems providers and stakeholders to improve their local services. CORCs should be seen as an important resource for county's providers for the peer support services they provide. Currently, local consumer collaboration and participation in policy and decision-making is happening sporadically throughout the state. One reason for this may be that consumers who attend and work in CORCs may not have the avenues or expertise to engage and participate effectively at the local level to collaborate and positively impact services delivery or policy.

The Proposer will assist CORCs in identifying avenues to work collaboratively with counties, local providers and other community stakeholders in peer support and the improvement of mental health and substance use disorder services. The Regional Peer Coordinators will be afforded access and education regarding what services the CORCs are providing during the development of the criteria for providing consistent, quality peer recovery programming. In addition, during the quarterly CORC meetings and individual TA, the Regional Peer Coordinators will be able to help CORCs identify local mental health and substance use disorder services and providers and system needs and help create linkages and avenues for CORCs to interface directly with counties and local providers. Regional Peer Coordinators will be expected to identify and contact potential partners, create avenues and facilitate CORCs' collaboration with local/regional systems and stakeholders for mental health and/or substance use disorder services being provided within their communities.

While the general function of CORCs to date has been one of operating outside of the mental health and substance use disorder system, opportunities exist for many additional important roles for the CORCs. CORCs have expertise that counties and local providers are in need of: the provision of peer support and the ability for meaningful consumer participation. The CORCs have not been nor does DMHSAS expect them to be or become mental health providers. A CORC is by definition a peer-run program that is owned, administratively controlled, and operated by mental health consumers and emphasizes self-help as its operational approach. However, CORCs are encouraged to examine their interest and ability to collaborate with counties and local providers as an adjunct and enhancement to traditional mental health and/or substance use disorder services to provide peer support services or other services for those entities. This collaborative relationship may allow the CORCs to financially expand services and positively impact the provision of mental health and substance abuse services in their community.

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### 5.2.2 CONSUMER EMPOWERMENT, LEADERSHIP AND MEANINGFUL PARTICIPATION IN SYSTEMS' TRANSFORMATION EFFORTS

In order to achieve meaningful consumer-defined recovery outcomes, mental health and substance use disorder programs throughout the state of Wisconsin continue to move towards fostering meaningful consumer participation in the mental health and substance abuse service system in Wisconsin. However, there is still much opportunity for expansion of these efforts,

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as consumer involvement in policy and decision-making is not yet employed statewide. One contributing factor is that not enough consumers have been afforded training, educational materials and mentoring to develop the skills or expertise to participate effectively at the local or state level to impact service delivery or policy.

### **5.2.2.1 DEVELOPMENT OF A CONSUMER LEADERSHIP TRAINING PROGRAM**

BPTR envisions that the development of a Consumer Leadership Training Program (CLTP) will address the need of consumer leadership education and training. This program will focus on the education of consumers to the aspects, skills and avenues to become leaders and participate in policy and decision-making at a local, regional and state level. Proposers will be expected to design and facilitate the CLTP. It is also envisioned, that the Proposer will do so in partnership with consumers and will incorporate consumers as content experts and presenters for the training. To increase the diversity of statewide consumer leadership, the Proposer will target consumers who are new to systems leadership and/or systems involvement for participation in the CLTP.

BPTR expects the Proposer will provide at least two trainings annually, one located in the northern half of the state and one in the southern half of the state. Each training will be two days and will train at least 15 consumers. The CLTP will utilize a variety of teaching methods and multi-media to involve a variety of different consumers and learning methods. The focus of the training will be on the aspects, skills and avenues to become leaders and participate in policy and decision-making. BPTR anticipates that the Regional Peer Coordinators could play an integral role in the development and execution of this training program. The Proposer will be expected to provide information, incorporate local and state guest speakers regarding leadership opportunities and meaningful consumer participation to CLTP participants, and encourage and assist them to link with these opportunities.

The Proposer will work with the BPTR Grant Administrator, the Consumer Affairs Liaison, to assure that the CLTP is designed to meet consumers' needs with regard to length of training, location and transportation needs. The Proposer will need to design the training to promote participation of consumers across the state. The Proposer will be responsible for using grant funds for the creation and provision of the CLTP, but will be able to utilize the State Consumer Participation Fund portion of the grant funds to pay for consumer lodging travel and meal expenses if those costs are a barrier to consumers attending the training. The proposer will work with the BPTR Grant Administrator to coordinate the use of the State Consumer Participation Funds to assist with consumer participation.



### 5.2.2.2 State Consumer Participation Fund

The second component to address consumer empowerment, leadership and meaningful participation is utilization of the State Consumer Participation Fund. BPTR established this fund as part of its mission to support consumer and families in the mental health system to engage consumer and family involvement in policy planning, development and implementation on the state level. BPTR has adopted a policy of reimbursing consumers and family members for their expenses incurred while participating in DMHSAS state-level work groups, committees, Recovery Implementation Task Force (RITF) and Committees, Wisconsin Council on Mental Health (WCMH) and committees, and other activities needing consumer review and participation. The Proposer will be responsible for providing fiscal management of the State Consumer Participation Fund. After the grant is awarded to the successful proposer, BPTR will develop with recipient a budget for the \$25,000 Consumer Participation Fund. The State Consumer Participation Fund is used to reimburse expenses for a variety of activities.

Individuals seeking reimbursement for DMHSAS approved activities will submit reimbursement requests within 30 days of the activity to the BPTR Grant Administrator who will review the requests, approve and forward to Proposer for payment. Proposer will be expected to process and make payment within one week of receiving the reimbursement request. Proposer will develop a system of tracking expenses by category of workgroup or activity and include name of participant, amount paid, date request was received and date request was paid. Proposer will provide to BPTR three quarterly spreadsheet reports and an annual report at the end of the grant period. Proposer will also be responsible to collect all needed tax information/documents from participants and will comply with all state and federal tax-reporting requirements. Proposer will provide 100% of all participants that meet the threshold for tax reporting with the necessary and required statements for their tax reporting purposes according to IRS rules. Proposer will keep records of this and include it in the annual report.

### 5.2.2.3 Regional Collaboration Meetings

While it is necessary to reach out and provide leadership training to consumers, it is equally important to provide avenues for these newly trained leaders to use the learned skills. BPTR envisions the third component of consumer empowerment, leadership and meaningful participation to be the formation of regular consumer meaningful participation venues. The Proposer is expected to develop, organize and facilitate regular Regional Collaboration Meetings to allow CLTP graduates to have the opportunity for hands-on practice in participation in an environment of their peers. BPTR envisions that these meetings will facilitate the process for consumers to be empowered to effectively engage in policy planning, development, and implementation of systems transformation at both the local and state level. It is essential that opportunities for these leaders to become involved be constructed and expanded, that connections be created between peers, policy-makers, and providers. Regional Collaborative Meetings will provide an avenue for CLTP graduates to have the



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opportunity for hands-on practice in participation in an environment of their peers. BPTR envisions that the Proposer will organize these meetings to include both peers and local stakeholders to discuss local and regional needs and opportunities for consumer involvement and collaboration within the mental health and substance use disorder service systems. BPTR also envisions that the Regional Peer Coordinators utilized in other initiatives in this RFP would be excellent facilitators of these meetings and can utilize the meetings to also assist in the strengthening of the CORCs.

BPTR believes that CLTP graduates can enrich other initiatives within this RFP. BPTR encourages the Proposer to coordinate and facilitate CLTP graduates to attend CORCs and CORC quarterly meetings and utilize the information and skills learned at the CLTP to participate in these meetings facilitated by the Regional Peer Coordinators. It is encouraged that these Regional Collaboration Meetings be held in conjunction with the quarterly CORC meetings held by the Regional Peer Coordinators. For example, a daylong meeting with a CORC focus in the morning and participation regional collaboration and meaningful consumer participation in the afternoon. To provide an educational experience for the CLTP graduates, the Proposer should host structured meetings that include agendas and minutes and follow a modified Roberts Rule of Order. The Proposer should encourage graduates of the CLTP to participate in these meetings to their best of their abilities. If CLTP graduates are employed and not able to attend CORCs or meetings, Proposer should keep in mind alternative ways to keep them involved in meaningful participation. In addition, the BPTR Consumer Affair Liaison will be involved and participate in the CORC quarterly and Regional Collaboration Meetings. It is anticipated that through these interactions, peer-to-peer relationships and relationships with local stakeholders will be established and fostered.

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### **5.2.2.4 Statewide Annual Collaboration Meeting**

BPTR envisions that these Regional Collaboration Meetings will culminate in a Statewide Annual Collaboration Meeting that will bring together the CLTP graduates and the CORC leadership and create a network of peers that will support consumers to become empowered in recovery and to develop and enhance meaningful participation in systems transformation efforts at local, regional and state levels. The Proposer will be responsible for planning and hosting The Statewide Annual Collaboration Meeting. The Proposer will work with the CORC leadership, the CLTP graduates and the BPTR Consumer Affairs Liaison to plan the meeting and bring together the regional groups of peers into a coordinated and vibrant statewide network of peers who share their experience, strength and hope to work towards a united vision. The Proposer will be expected to use grant funds for the organization, logistics and facilitation of the regional and statewide meetings.

The Annual Statewide Collaborative Meetings will be built from the Regional Collaborative Meetings. The annual meeting will draw from regional stakeholders to discuss statewide

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needs and opportunities for consumer involvement and collaboration within the mental health and substance use disorder systems. To facilitate the connection between regional and state meetings, the Proposer may want to design meetings to co-occur in regions at the same time and utilize distance technology to connect regions prior to the Annual Statewide Collaborative Meetings. BPTR anticipates that its participation in these Regional Collaborative Meetings may be beneficial as well and is exploring the possibility of utilizing State Area Administration Offices as meeting sites that have distance technology to enable efficient and effective statewide coordination. If that occurs the Proposer will need to work with the Grant Administrator to coordinate meetings with the State Area Administration Offices.

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### 5.2.3 STATEWIDE CONSUMER PEER NETWORK COMMUNICATION INFRASTRUCTURE

One primary purpose of this grant is to build and expand a vibrant statewide consumer network of peers who support each other in recovery and in participation in systems transformation both locally within their communities and at a state level. Social networking will afford peers another venue through which to meet each other and to cultivate a community of mutual support. The Proposer will be expected to facilitate the development of this consumer peer network through the provision of information to consumers and allies accessible via a variety of sources, and creating and maintaining various channels for communication within this network. The Proposer will be expected to assist DMHSAS in communicating with the consumer network. The Proposer will be responsible not only for disseminating information and opportunities regarding peer support, collaboration, and meaningful consumer participation; but additionally, for creating and maintaining social media venues for discussion concerning these topics and others of interest to consumers and allies throughout the state. Ongoing communication among peers, and between peers and allies, will be critical to the success of CORCs, and CLTP. Connections and relationships created through regional and statewide meetings will be fostered through the opportunity for peers to interact with each other and to collaborate with other stakeholders in virtual environments.

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#### 5.2.3.1 Website

It is essential for the statewide consumer peer network to have a web presence so that consumers and allies can easily find and access information regarding recovery and peer support, and opportunities for meaningful consumer participation and collaboration opportunities with other stakeholders. It is envisioned that this website will include a directory of the CORCs and links to local and statewide recovery and peer support resources. The website should also contain a current calendar of events of interest to the consumer peer community. It is expected that the website be updated regularly, and that the Proposer track traffic to the site Line of Business.

Applicant proposal need to include the length of time organization has been in operation and length of time applicant has been providing the specific services being requested in this RFP.

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Include a description of applicant's main line of business as well as a list and description of other related lines of business the organization participates in.

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### 5.2.3.2 Facebook Page

Another important source of information online for consumers and allies throughout Wisconsin is Social Networking which has the added benefit of user interaction. The Proposer will be expected to create a Facebook page and/or other social networking sites for the statewide consumer peer network that will be intended to function as a forum for the CORCs and other consumers and allies to interact and network. This page would also be a good medium for posting links to resources; creating and promoting events; sharing news items of interest to the consumer community; posting information and initiating and moderating discussions regarding peer support opportunities, collaboration opportunities and meaningful consumer participation opportunities. The Proposer will be expected to add at least 200 "fans," "friends," "likes," or "members" (depending on the chosen format of the page) within the first year, and to post a minimum of weekly.

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### 5.2.3.3 Twitter

Twitter is a real-time information network that can provide many unique advantages to the consumer network. The short- 140 characters or fewer- bursts of information are easily digestible and can be accessed via mobile devices and the internet, allowing users to engage at many levels, from simply listening and retrieving information, to re-tweeting and to contributing to the conversation. Twitter has been successfully utilized to create awareness campaigns, promote initiatives, and engage and unite many individuals for a common cause. As such, this is a particularly well suited tool to build and enhance the statewide consumer peer network. The Proposer will be expected to create a Twitter account and to have a minimum of 100 followers within the first year. Tweets should be sent at least weekly, and might include links to resources; events; news items of interest to the consumer community; and information regarding peer support opportunities, collaboration opportunities and meaningful consumer participation opportunities. It may be efficient and effective for the Proposer to link this Twitter account with the Facebook and web pages described in the above sections.

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### 5.2.3.4 E-Mail Listserv

Fundamental to the success of the statewide consumer peer network is the availability of information to a broad and diverse group of individuals throughout Wisconsin, in formats that they find most comfortable and accessible. E-mail continues to be a principle means of communication for many individuals; thus, it is important that the Proposer create and maintain a database of e-mail contacts, and to utilize this list regularly to send information of interest to the consumer community. E-mails might contain links to resources; events; news items; and information regarding peer support opportunities, collaboration opportunities and meaningful

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consumer participation opportunities. The Proposer should build this database to a minimum of 200 within one year, and send at least weekly.

### **5.3 WORK PLAN**

A work plan is an organizational tool that identifies significant goals, objectives, activities, measures, timelines, and responsible parties for a project. Each Proposer, through their work plan and budget detail, should provide sufficient justification for proposed staffing and other resources funded through the project.

DHS is looking for a Proposer that has the capacity to implement the expectations of the RFP through the Proposer's objectives and work plan. The Proposer is expected to have a thoughtful plan for assuring adequate staff or recipient resources are in place in a timely way to complete objectives according to the proposed work plan.

### **5.4 ORGANIZATIONAL EXPERIENCE AND CAPACITY**

The Proposer must be a public and/or non-profit agency or organization that is community based and consumer directed with a board representation of at least fifty-one percent consumers with mental health and/or substance use disorders. As meaningful participation and involvement of people with mental health and/or substance use disorder lived experience is a cornerstone for improving overall system and consumer defined outcomes, the Proposer is expected to include people with lived experience in the development of their proposal and in the implementation of their project. The Proposer should have in-depth knowledge of recovery concepts and display an exemplary history of the application of these concepts to their work experience with coordinating or providing peer support and individual and system advocacy.

The agency must respect that each CORC is an independent entity and to value the self-direction of each individual CORC.

The Proposer should have experience providing education and training, coordinating logistics, and facilitating meetings. The Proposer should have in-depth knowledge and understanding of local and statewide mental health and substance use disorder resources and systems. It is important that the successful Proposer have capacity and experience in collaboration, including working with DMHSAS and other consumer, community and provider stakeholders regionally and statewide. The Proposer will be required to have the technical capacity to develop and maintain a website, Facebook page, Twitter account, and an e-mail listserv.

### 5.5 REPORTING, PERFORMANCE MEASUREMENT & QUALITY IMPROVEMENT

#### 5.5.1 ACCOUNTABILITY

The Proposer will need to provide three quarterly reports and an annual report. The reports will include the status of the project, including the progress on the identified objectives and work plan, along with any barriers to the implementation of the accepted proposal.

#### 5.5.2 PROJECT EVALUATION

The Proposer will need to participate in an overall evaluation of the Consumer/Peer Support and Statewide/Community Leadership Development Project in relation to the four goals of the RFP (Section 5.1). The Proposer will need to clearly identify their approach to contributing to this evaluation, including the responsible individual(s) or organization(s) that will be actively involved in the evaluation. This will include reviewing the indicators and working with BPTR to further clarify and improve the measures and to monitor the project performance on those indicators on an ongoing basis.

The performance reporting requirements for the Project Evaluation defined in this section correspond to the goals and objectives defined in Section 5.1. Each of the four primary goals includes a list of performance measures on which DMHSAS will be assessing the project. The performance measures will be monitored on a quarterly basis to assess the Proposer's status. Proposers will be responsible for collecting the performance measure data, submitting it to the BPTR and using it for quality improvement to inform project development.

#### 5.5.3 PROJECT PERFORMANCE MEASURES

##### 5.5.3.1 Strengthening and Improving the Peer Support Programming and Organization Of The Consumer Operated Recovery Centers (CORCs)

The following performance measures will be monitored during this project:

- Within six months, create a document with mutually agreed upon outcome benchmarks and outcome measures between the CORCs and BPTR for the CORCs to use in future assessment and provision of their programming.
- Within one year, DMHSAS will administer satisfaction surveys to the CORCs on the benchmark and outcome creation process, with a goal of 80% of participants satisfied with the services provided by the Proposer.
- Within one year, create a document describing the developed peer review process for the analysis of the CORCs according to benchmarks and outcome measures.
- Within one year, assist the CORCs to assess the current CORC programming according to the developed programming outcome benchmarks and outcome measures and provide a baseline in a Review Report.

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- Within two years and yearly thereafter, report the results of peer reviews conducted at all CORCs.
- Within two years, and yearly thereafter DMHSAS will administer satisfaction surveys to the CORCs on the peer review process, with a goal of 80% of participants satisfied with the services provided by the Proposer.

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### 5.5.3.2 To Expand Collaboration between Consumer Operated Recovery Centers (CORCs) and Other Stakeholders

The following performance measures will be monitored during this project:

- Within six months, provide documentation of contact with at least three programs in the mental health and/or substance use service system within each CORC's community.
- Within six months, provide documentation of contact with at least one other support organization in the mental health and/or substance use service system within each CORC's community.
- Within one year, report on the creation of a collaborative relationship between each CORC and another community stakeholder.
- Yearly, report on the creation of at least one additional partnership between each CORC and another community stakeholder.

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### 5.5.3.3 Consumer Empowerment, Leadership and Meaningful Participation in Systems' Transformation Efforts

The following performance measures will be monitored during this project:

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#### 5.5.3.3.1 Consumer Leadership Training Program

- Within six months, provide a copy of a curriculum for Consumer Leadership Training Program (CLTP)
- Within one year and annually thereafter, provide two CLTP trainings, one in the northern and one in the southern part of the state for at least 15 consumers each training.
- Within one year and yearly thereafter, provide a report (including the names and demographics of individuals completing the program) on the two leadership trainings.
- Provide satisfaction surveys for each CLTP with a goal of 80% of participants will be satisfied with the training.
- Provide documentation that at least 75% of individuals completing the CLTP have provided contact information to be utilized in future CLTP activities.



### 5.5.3.3.2 State Consumer Participation Fund

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- Within one month, in collaboration with the BPTR Grant Administrator, file a budget for the fund.
- Quarterly, file a spreadsheet report and an annual report at the end of the grant period to include name of participant, amount paid, category of workgroup or activity, date of request, and date paid.
- Provide an annual report at the end of the grant period of required tax reporting documentation collected and necessary statements issued to participants in compliance with IRS rules.

### 5.5.3.3.3 Regional Collaboration Meetings

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- Quarterly, file minutes of Regional Collaborative Meetings that draw from local stakeholders to discuss needs and opportunities for consumer involvement and collaboration within the mental health and substance use disorder systems.
- Provide documentation that at least 50% of individuals completing the CLTP participate in quarterly Regional Collaboration Meeting(s) in the year following their training and/or CORC quarterly meetings.

### 5.5.3.3.4 Statewide Annual Collaboration Meeting

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- Within one year and annually thereafter, provide an Annual Statewide Collaborative Meeting.
- Provide satisfaction surveys for the Annual Meeting with a goal of 80% of participants will be satisfied with the training.
- Provide documentation that at least 50% of individuals that attend the quarterly CORC and Regional Collaboration Meetings attend the Annual Statewide Collaborative Meeting.

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### 5.5.3.4 Statewide Consumer Peer Network Communication Infrastructure

The following performance measures will be monitored during this project:

- Quarterly, provide a summary of the number of hits to the statewide consumer peer network website, and a summary of the number and frequency of updates to the webpage.
- Quarterly, provide a report on the number of fans, friends, likes, or members of the statewide consumer peer network Facebook page, to reach 200 within one year; and a report on the number of posts initiated by the Proposer, a minimum of three per week.
- Quarterly, provide a report on the number of Twitter followers, to reach 100 within one year; and a report of the number of tweets, a minimum of three per week.

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- Quarterly, provide a summary of the number of subscribers, to reach 200 within one year, and the number of e-mails sent from a statewide e-mail listserv for consumers and allies, a minimum of three per week.

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### **5.5.4 DATA QUALITY REPORTING STANDARDS**

The Proposer will need to collect and submit the required data to DMHSAS. As part of the quarterly reports, all data required for the performance indicators must be submitted in a complete, accurate, and timely manner.

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### **5.5.5 IMPLEMENTING A QUALITY IMPROVEMENT PROCESS**

The Proposer will need to have a quality improvement system in place during the project grant period that uses the performance indicator data described in Section 5.5. The Proposer should have a system in place for assuring the program is administered appropriately and contains a mechanism for quality improvement. The Proposer is responsible for the design, development, implementation, and evaluation of a system of quality assurance. The Proposer will monitor activities to ensure compliance with applicable federal and state requirements.



## 6 TECHNICAL RESPONSE SECTION

Listed below are the technical proposal response requirements. The section(s) referenced within the response requirement provide detail concerning the required and/or desired objectives, work requirements, and standards to meet the needs of this program. This detail represents the minimum level of service requirements and objectives sought in this grant solicitation. Many of the sections in this RFP are interrelated and may contain overlapping information. Proposers should incorporate the goals, objectives, work requirements, and standards stated throughout this RFP into their proposal.

Proposers must respond to each of these requirements with a descriptive narrative (appropriately labeled in accordance with the numbering scheme below) that includes methodology to the level of detail deemed appropriate by the Proposer.

### 6.1 GOALS, OBJECTIVES AND PERFORMANCE EXPECTATIONS (15 POINTS)

Describe goals, objectives and performance expectations for each year of the grant, and fulfill the requirements described in Section 1.2 and 5.1. This response should include but is not limited to:

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#### 6.1.1

A statement of the Proposer's goals and objectives for the Consumer/Peer Support and Statewide/Community Leadership Development project.

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#### 6.1.2

A statement of how the Proposer will use grant funds for the project. The strategies described are logical and appropriate responses to the description of the stated goals and expectations in Section 1.2 and 5.1.

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#### 6.1.3

A description of how the Proposer will achieve the outcomes and performance expectations. An explanation of how the Proposer will address and overcome potential obstacles and barriers.

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#### 6.1.4

A description of the criteria the Proposer will use to measure the success of the program.

## 6.2 PROGRAM DESIGN AND METHODOLOGY (25 POINTS)

Describe and define a viable model for the project that addresses the specifications noted in this RFP. Proposers should address the following information in the response to this section:

### 6.2.1 DESCRIPTION OF METHODOLOGY FOR STRENGTHENING THE PROGRAMMING AND ORGANIZATION COMPONENTS OF THE CONSUMER OPERATED RECOVERY CENTERS (CORCs).

Proposers should describe their plan to develop CORC regions and their plan to work with CORCs to facilitate the development of criteria for providing consistent, quality peer recovery programming within CORCs statewide. Proposers will need to describe their intention for Regional Peer Coordinators and the role that the quarterly meetings with CORCs will have in this development process. Proposers should outline their strategy to incorporate CORCs as an integral part of the process of assessing current CORC programming, development of CORC programming outcome benchmarks and outcome measures, and analysis of the CORCs according to benchmarks and outcome measures. Proposer should describe how they will collaborate with BPTR regarding outcome benchmarks and outcome measures. Proposer should describe how they will develop a peer site review design and implementation process, to include provision of technical assistance to CORCs requesting assistance in meeting programming benchmarks.

### 6.2.2 DESCRIPTION OF METHODOLOGY FOR COLLABORATION BETWEEN CONSUMER OPERATED RECOVERY CENTERS (CORCs) AND OTHER STAKEHOLDERS.

Proposers should describe how, through working with CORCs, they are able to assist Wisconsin to strengthen the current collaborative recovery-oriented system of mental health services. This description should detail how proposer will identify avenues for CORCs to work collaboratively with counties, local providers and other community stakeholders in peer support and improvement of mental health and substance use disorder services. These avenues and collaborative relationships may allow the CORCs to financially expand services and directly positively impact the provision of mental health and substance abuse services in their communities, if they desire. Proposers should detail how they would assist CORCs to make this happen if it is their desire.

### 6.2.3 CONSUMER EMPOWERMENT, LEADERSHIP AND MEANINGFUL PARTICIPATION IN SYSTEMS' TRANSFORMATION EFFORTS:

#### 6.2.3.1 Consumer Leadership Training Program

Proposers should describe the methodology and design of a Consumer Leadership Training Program (CLTP). This description should include the type and number of staff who will be assigned to this program, program design, incorporation of consumers as facilitators and targeted outreach to and involvement of consumers who are new to systems involvement. In

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addition, the description should describe the methodology of providing regular participation venues via the Regional Collaborative Meetings for the newly trained CLTP graduates to hone their skills.

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### 6.2.3.2 Regional Collaborative Meetings

Proposers should describe their methodology to facilitate consumers to be empowered to effectively engage in policy planning, development, and implementation of systems transformation at both the local and state level. The Proposer will describe how they will utilize the Regional Collaborative Meetings to provide an avenue for CLTP graduates to have the opportunity for hands-on practice in participation in an environment of their peers. Proposers should include how they will design these meetings to include both peers and local stakeholders to discuss regional needs and opportunities for consumer involvement and collaboration within the mental health and substance use disorder service systems.

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### 6.2.3.3 Statewide Annual Collaboration Meeting

Proposers will also need to articulate plans for a Statewide Annual Collaboration Meeting, including: coordination of logistics, who will be targeted to attend, potential programming and the links between this initiative and others in this RFP.

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### 6.2.3.4 State Consumer Participation Fund

Proposer should describe the methodology of providing fiscal management of the State Consumer Participation Fund and meet goals and objectives for use and reimbursement. Proposer should detail how they will handle the tracking and reporting detail to assure that only the budgeted amount of the fund will be used for RFP activities and the remainder to be used for other DMHSAS activities.

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## 6.2.4 STATEWIDE CONSUMER PEER NETWORK COMMUNICATION INFRASTRUCTURE

The Proposer should describe the methodology for building and expanding the statewide consumer peer network through the support of a multifaceted communication infrastructure. This plan should include the Proposer's strategy for outreach to the consumer community regarding opportunities for engagement and communication in a virtual environment.

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### 6.2.4.1

Proposers should describe the methodology for development and design of a statewide consumer peer network website. The Proposer should detail how they will keep the CORC directory and the calendar up to date, and describe additional information they intend to include on the site.

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### 6.2.4.2 Facebook

## CONSUMER/PEER SUPPORT AND STATEWIDE/COMMUNITY LEADERSHIP DEVELOPMENT

Proposers should outline their plan for creating and maintaining a Facebook page. Included in this plan should be a description of which type of Facebook page the Proposer will choose to create, the Proposer's strategy for attracting other Facebook users to the page, and identification of staff responsible for posting and moderating activity on the page.

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### 6.2.4.3 Twitter

Proposers will need to articulate the methodology for creating and maintaining a Twitter account, including staff responsible for the account, sample tweets, and how this social network will connect with other facets of the communication project.

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### 6.2.4.4 E-Mail Listserv

Proposers should also describe the methodology for building and maintaining an e-mail database of consumers and allies. This plan should include identification of staff responsible for the regular dissemination of information to individuals belonging to this database, and what type of information will be shared on this network.

## 6.3 WORK PLAN (20 POINTS)

The work plan described in the proposal relates directly to the goals listed in Section 1.2, facilitates program accomplishments, and is sequentially reasonable. Activities in the work plan are assigned to specific personnel. The work plan is consistent with the objectives and can be accomplished in stated timeframes and proposed budget. Timeframes for tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. This response should include, but is not limited to:

- A detailed description of significant tasks, activities and strategies to be used to achieve the goals in a logical progression
- The assignment of responsibility for work plan tasks to specific personnel and the timetable for significant tasks or activities to be started and to be completed

## 6.4 ORGANIZATIONAL EXPERIENCE AND CAPACITY (20 POINTS)

Proposers should submit a response that describes their experience, demonstrated abilities, and technical expertise as it relates to the goals and objectives listed in the RFP. This response includes but is not limited to:

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### 6.4.1

Description of the Proposer's status as a non-profit agency or organization that is community based and consumer directed with a board representation of at least fifty-one percent consumers with mental health and/or substance use disorders.

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### 6.4.2

## **CONSUMER/PEER SUPPORT AND STATEWIDE/COMMUNITY LEADERSHIP DEVELOPMENT**

Description of the proposers experience of and capacity to involve people with mental health and/or substance use disorder lived experience in improving overall system and consumer defined outcomes.

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### **6.4.3**

Description of the Proposer's inclusion of people with lived experience in the development of their proposal and in the implementation of their project.

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### **6.4.4**

Description of the Proposer's knowledge and understanding of recovery concepts and the capacity for the application of these concepts in their work experience with coordinating or providing peer support and individual and system advocacy.

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### **6.4.5**

Description of the Proposer's experience coordinating or providing peer support and individual and system advocacy.

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### **6.4.6**

Description of the Proposer's experience in non-profit management: organizational and fiscal concepts, requirements, and procedures; and capacity to provide fiscal management of funds.

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### **6.4.7**

Description of the Proposer's experience in providing peer-developed and delivered education and training.

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### **6.4.8**

Description of the Proposer's capacity to coordinate logistics and facilitate meetings locally and statewide.

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### **6.4.9**

Description of the Proposer's capacity and experience in collaboration, including working with consumers, DMHSAS and local and statewide mental health and substance use disorder resources and systems.

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### **6.4.10**

Description of the Proposer's capacity to develop and maintain a website, Facebook page, Twitter account, e-mail database, and other use of social media.

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## **6.5 REPORTING, PERFORMANCE MEASUREMENT & QUALITY IMPROVEMENT (10 POINTS)**

## CONSUMER/PEER SUPPORT AND STATEWIDE/COMMUNITY LEADERSHIP DEVELOPMENT

Proposers should submit a response that describes their experience, demonstrated abilities, and technical expertise to fulfill the requirements described in Section 5.5. The Proposer has demonstrated to have an efficient system in place to assure quality and improvement for services. The Proposer clearly describes what their current quality assurance and improvement process is and what changes, if any, will be included for the project in order to fulfill the requirements described in Section 5.5. This response should include, but is not limited to:

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### 6.5.1

A description of who will be responsible to submit the quarterly reports. The reports will include the status of the project, performance data and include the progress on the identified objectives and work plan, along with any barriers to the implementation of the accepted proposal.

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### 6.5.2

A detailed description of the Proposer's current quality improvement and assurance processes that assures financial accountability, program quality, and regulatory compliance.

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### 6.5.3

A description of who will be the Proposer's lead in working with DHS on the Project Evaluation, including the name of the responsible individual(s) or organization (s) that will be actively involved in the evaluation.

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### 6.5.4

A discussion of who would be in charge of quality improvement and assurance for this RFP and what role they would play, if any, in this process.

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### 6.5.5

A description, if applicable, of any changes to the current quality assurance, improvement, and monitoring processes that would be needed for the project.

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## 6.6 PROJECT BUDGET (10 POINTS)

DMHSAS has developed a budget template (**Appendix A**) to be used for submitting the project budget. Use of this budget template is required. The budget template is an Excel spreadsheet containing three tabs. The first tab summarizes the detailed budget information entered on the second tab of the worksheet. The third and final tab contains the instructions for completing the budget worksheet. Please review the instructions prior to completing the budget template. Please provide sufficient justification in the designated areas of the second tab to enable reviewers to understand both the level of planned expenditures and the need for

## **CONSUMER/PEER SUPPORT AND STATEWIDE/COMMUNITY LEADERSHIP DEVELOPMENT**

the funds. The budget template and instructions are included as an appendix to this document.

The proposed budget must be on the budget template and submitted as a Microsoft Excel file. Please save your budget with a file name that identifies your agency.

All budget costs must comply with the DHS Allowable Cost Policy Manual, The Allowable Cost Policy Manual can be found on the DHS web site at:

<http://www.dhs.wisconsin.gov/grants/Administration/AllowableCost/ACPM.htm>

## 7 REQUIRED FORMS

The following sections and pages contain the ancillary forms required to be submitted as part of the Proposal packet. Please reference Section 2.2 for information related to the proper order of these forms in the Proposal packet.

### 7.1 APPENDIX A

#### BUDGET TEMPLATE

Reference Microsoft Excel Budget Template

### 7.2 APPENDIX B

#### MENTAL HEALTH BLOCK GRANT FUNDED CONSUMER-OPERATED RECOVERY CENTERS

##### **Cornucopia**

306 N. Brooks St.  
Madison, WI 53715

##### **Friendship Connection**

102 W. 6<sup>th</sup> St.  
Friendship, WI 53934

##### **Gathering Place**

1001 Cherry St.  
Green Bay, WI 54301

##### **Genesis 1990**

220 4<sup>th</sup> Ave  
Ashland, WI 54806  
Horizons of Jefferson County  
116 N. Main St.  
Fort Atkinson WI 53538

##### **ILR/RAVE**

4439 Mormon Coulee Rd  
La Crosse, WI 54601

##### **NAMI-Washington Co Positive Image Center**

2030 Stonebridge Rd.  
West Bend, WI 53085

##### **New Directions**

425 Tainter St.  
Rice Lake, WI 54868

##### **Pathways to Recovery**

100 N. Bridge St. #101  
Chippewa Falls, WI 54729

##### **Partners in Empowerment**

1201 S. 10<sup>th</sup> St.  
La Crosse, WI 54601

##### **Warmline**

9455 Watertown Plank Rd  
Milwaukee, WI 53226

##### **Wellness Shack**

515 S. Barstow #117  
Eau Claire, WI 54701



### 7.3 APPENDIX C

#### Links to Online Resources

SAMHSA's Consumer-Operated Services Evidence Based Practices Toolkit:

<http://store.samhsa.gov/product/Consumer-Operated-Services-Evidence-Based-Practices-EBP-KIT/SMA11-4633CD-DVD>

SAMHSA's "What Are Peer Recovery Support Services?"

<http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

STAR Center's "Cultural Competency in Mental Health Peer-run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services"

<http://www.cmhsrp.uic.edu/download/CulturalCompetencyTool.pdf> Prime Contractor and Minority Business Subcontractors

### 7.4 APPENDIX D

#### UNITED WE STAND WISCONSIN'S CONSENSUS STATEMENT OF OUR MEANINGFUL PARTICIPATION IN DECISION/POLICY MAKING

It shall be the policy and practice of all publically funded mental health decision/policy making bodies to include those of us with lived experience in the mental health service system relevant to the purpose and topic of discussion. To that end, we must be equal partners both in numbers and diversity.

To assure successful participation for all, the following must occur:

- We must be involved from the inception of any and all decision/policy making processes
- We must have continued involvement throughout the entire process
- We must be offered fair compensation and access to benefits counseling for our expert consultation
- We must be given training, educational materials and/or mentoring as needed to assure our participation is meaningful
- All meeting materials, discussions and processes must be accessible and understandable to all involved
- All members of any decision/policy making body must be provided with information or training regarding the importance of our meaningful participation

#### 7.4.1 OUR RESPONSIBILITIES AS MEMBERS OF POLICY/DECISION MAKING BODIES

We pledge to be accountable for our role and responsibility in policy/decision making in the following ways:

- Become and remain educated on topics at hand
- Actively participate, sharing our thoughts, ideas, opinions and solutions

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- Serve as a liaison to our larger consumer community (providing information and soliciting feedback)
- Know and acknowledge our limits and need for assistance
- Share power and leadership opportunities with our peers
- Mentor new leaders
- Uphold our credibility and reputation as collaborators

## 8 POST-AWARD OBLIGATIONS

### 8.1 AFFIRMATIVE ACTION PLAN

As required by Wisconsin's Contract Compliance Law (s. 16.765, Wis. Stat.), every Provider contracting with the Purchaser must agree to equal employment and affirmative action policies and practices in its employment programs. The Provider must submit an Affirmative Action Plan to the Purchaser in accordance with the Wisconsin Office of Contract Compliance instructions posted on the following website:

<http://vendornet.state.wi.us/vendornet/contract/contcom.asp>

An [affirmative action plan](#) is required from a Provider who receives a state contract over \$50,000 AND who has a work force of 25 or more [employees](#) as of the award date, unless the Provider is [exempt by established criteria](#). The plan is due to the Purchaser within 15 working days of the award date of the Purchaser's contract. The plan must have been prepared or revised not more than one year prior to the award date of the contract. Universities, other states and local governments, except those of the State of Wisconsin who receive state contracts of over \$50,000, must submit affirmative action plans in the same manner as the Provider.

### 8.2 CIVIL RIGHTS COMPLIANCE

In agreements for the provision of services to clients, the Provider must comply with all Federal Civil Rights laws applicable to service delivery requirements. The Provider agrees to meet state and federal Civil Rights Compliance (CRC) laws, requirements, rules and regulations, as they pertain to the services covered by this agreement. All Providers must submit the appropriate CRC documentation within 15 working days of the award date of the agreement or contract in accordance with the procedures outline on the following website:

<http://dhs.wisconsin.gov/civilrights/CRC/requirements.htm>.